

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**09/890002**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14	1					
15	1					
16		1				
17		1				
18		1				
19	1					
20	1					
21	1					
22		1				
23		1				
24		1				
25	1					
26		7				
27			1			
28				1		
29				1		
30				1		
31				1		
32				1		
33				1		
34				1		
35				1		
36				1		
37				1		
38				1		
39				1		
40				1		
41			1			
42			1			
43				1		
44				1		
45				1		
46			1			
47			1			
48			1			
49				1		
50				1		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↑		↑		↑
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52			1			
53			1			
54			1			
55			1			
56			1			
57			1			
58			1			
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93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓	13	↓		↓
TOTAL DEP.		↑	19	↑		↑
TOTAL CLAIMS			32			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

Barbara Campbell  
National Stage Processing  
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